## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

SWZ 2 00312

| CLAIMS AS FILED - PART I  |   |   |              |                               |              |                  |            | SMALL ENTITY |                         |       | OTHER      | THAN                   |  |
|---|---|---|--------------|-------------------------------|--------------|------------------|------------|--------------|-------------------------|-------|------------|------------------------|--|
| _   |   |   | (Column 1)   |                               | (Column 2)   |                  | T          | TYPE         |                         | OR    | SMALL      | ENTITY                 |  |
| TOTAL CLAIMS  |   |   | 51           |                               |              |                  | 1          | RATE         | FEE                     |       | RATE       | FEE                    |  |
| FOR   |   |   | NUMBER FILED |                               | NUMBER EXTRA |                  | В          | ASIC FEE     | 375.00                  | OR    | BASIC FEE  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 51 minus 20= |                               | *31          |                  |            | X\$ 9= `     |                         | OR    | X\$18≃     | 558                    |  |
|   | EPENDENT CL   |   | 5 minus 3 =  |                               | 2            |                  |            | X42=         |                         | OR    | X84=       | 168                    |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PR   | RESENT       | ====                          |              |                  |            | +140=        |                         | OR    | +280=      |                        |  |
| * If  | the difference  | ess than zero, enter "0" in column 2                          |              |                               | olumn 2      | L_               | TOTAL      |              | OR                      | TOTAL | 1476       |                        |  |
|   | CLAIMS AS AMENDED - PART II   |   |              |                               |              |                  |            |              |                         |       | OTHER      | THAN                   |  |
| (Column 1)  |   |   | (Colum       |                               |              |                  |            | SMALL E      | NTITY                   | OR.   | SMALL      | ENTITY                 |  |
| <b>AMENDMENT A</b>  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE  |       | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                            |              | =                |            | X\$ 9=       |                         | OR    | X\$18=     |                        |  |
|   | Independent   | ndependent   *   Minus     FIRST PRESENTATION OF MULTIPLE DEP |              | ***                           | CL AINA      | =                |            | X42=         |                         | OR    | X84=       |                        |  |
|   | 1111  | THATION OF MIC  |              | LINDLIN                       | CLANVI       | ·                |            | +140=        |                         | OR    | +280=      |                        |  |
|   | all .   |   |              |                               |              |                  | <u>ـــ</u> | TOTAL        |                         | OR    | TOTAL      |                        |  |
|   |   | (Column 1)  |              | (Colur                        | mn 2\        | (Column 3)       | AL         | DDIT. FEE    |                         |       | ADDIT. FEE | 1                      |  |
|   |   | CLAIMS  |              | HIGH                          |              | (Column o)       | Ī          |              | ADDI-                   |       |            | ADDI-                  |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT                               |              | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA |            | RATE         | TIONAL FEE              |       | RATE       | TIONAL                 |  |
|   | Total   | *   | Minus        | **                            |              | =                |            | X\$ 9=       |                         | OR    | X\$18=     |                        |  |
|   | Independent   | *   | Minus        | ***                           |              | ]=               | lΓ         | X42=         |                         | OR    | X84=       |                        |  |
|   | FIRST PRESE   | NTATION OF M  | JLTIPLE DEF  | ENDEN                         | CLAIM        |                  | ]  -       | +140=        |                         | OR    | +280=      |                        |  |
|   |   |   |              |                               |              |                  |            |              |                         | OR    | TOTAL      |                        |  |
| ADDIT. FEE L  |   |   |              |                               |              |                  |            |              |                         | ١٠٠٠  | ADDIT. FEE | L                      |  |
| $\overline{}$   |   | (Column 1)<br>CLAIMS  |              | (Colui                        |              | (Column 3)       | -          |              |                         |       |            | ·                      |  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT                               |              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>_FEE |       | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                            |              | =                |            | X\$ 9=       |                         | OR    | X\$18=     |                        |  |
| AME   | Independent   | *   | Minus        | ***                           |              | =                |            | X42=         |                         | OR    | X84=       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |              |                  |            | +140=        |                         | OR    | +280=      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |                               |              |                  |            |              |                         |       | TOTAL      |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |              |                  |            |              |                         |       |            |                        |  |